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BY THE U.S. PATENT AND TRADEMARK OFFICE

Inventors: Ho et al.

Serial No.: 10/694,706

Filed: October 28, 2003

Title: A Learning Method and System That Considers A Student's Concentration Level

Atty Docket: 110 Cont3

Group Art Unit: 3714

Examiner: Utama, Robert J

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is transmitted via facsimile to: Commissioner for Patents, Alexandria, VA 22313-1450 on: October 27, 2007.

Signed: Colina Tong

Printed Name: Colina Tong

REQUEST FOR CONTINUED EXAMINATION (RCE)
UNDER 37 CFR §1.114

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

NOTE: If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. §1.53(d) instead of an RCE to be eligible for the patent term adjustment provisions of the AIPA.

1. **Submission required under 37 C.F.R. §1.114:**

- a. ☐ Previously submitted
- i. ☐ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on _____. (Any unentered amendment referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- iii. ☐ Other _____.
- b. ☒ Enclosed
- i. ☒ Reply and Amendment
- ii. ☐ Affidavit/Declaration
- iii. ☐ Information Disclosure Statement with Form PTO-1449
☐ Copies of IDS Citations
- iv. ☐ Other _____.

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2. Fees: (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)	\$810 =	810.00
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)		

☐ A fee for addition of claims under 37 C.F.R. § 1.17 is due as follows:

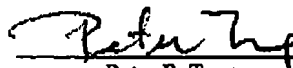
Claims Remaining After Amendment	Highest Previously Paid For	Number Extra *	Large Entity Rate				
Total Claims	31 - 31	= 0	X \$18.00	=	\$	0.00	
Independent Claims	1 - 7	= 0	X \$80.00	=	\$	0.00	
First Presentation of Multiple Dependent Claim(s)		0	X \$270.00	=	\$	0.00	
* If the difference is less than zero, enter "0".				Additional Fee	= \$.00	

The total fee required with this communication is \$810.00 and is to be paid as follows:

- ☐ a. Applicant hereby petitions for a month extension of time.
- ☒ b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500727.
- ☒ c. Enclosed is a Credit Card Payment Form for the amount of \$810.00 to cover the RCE fee, addition of claims fee, and/or extension of time fees.
- ☒ d. The Director is authorized to charge any fees beyond the amount specified which may be required, or to credit any overpayment, to Deposit Account No. 500727.

Respectfully submitted,

Date: October 27, 2007


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